

## PART B - FEE(S) TRANSMITTAL

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24498 7590 02/16/2011  
 Robert D. Shedd, Patent Operations  
 THOMSON Licensing LLC  
 P.O. Box 5312  
 Princeton, NJ 08543-5312



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Fideliz Romero (Depositor's name)  
 Fideliz Romero (Signature)  
 4-11-11 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/584,649	06/26/2006	Dirk Gandolph	PD040002	8142

TITLE OF INVENTION: METHOD AND APPARATUS FOR GENERATING AN ELECTRONIC MENU

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	05/16/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
DASGUPTA, SOUMYA	2176	715-810000

04/12/2011 MBLANCO1 00000037 070832 10584649

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page (37 CFR 1.504).

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1510-00 DA  
 1. Robert D. Shedd  
 2. Joseph J. Opalach  
 3. Reitseng Lin

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Thomson Licensing

Boulogne Billancourt, France

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-0832 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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Typed or printed name

Registration No. 42,804

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